

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>12523</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>TODD A MIDDLEAUGH</u> P.O. Box, Bldg., Room No., if any Street <u>2652 WOODVIEW RD.</u> City <u>UNIONTOWN</u> State <u>Ohio</u> ZIP Code + 4 <u>44685</u>	4. Name, file number, and address of labor organization. Name <u>I U of ELEVATOR CONSTRUCTORS</u> Labor Organization File Number <u>050-545</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 0429</u> Street City <u>AKRON</u> State <u>Ohio</u> ZIP Code + 4 <u>44309-0429</u>
5. Position in labor organization. <u>EXECUTIVE BOARD MEMBER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Todd Middleaugh

On 14 AUG2005

Date

(330) 699-4871

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROG.</p> <p>Trade Name, if any: NEIEP</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11 LARSON WAY</p> <p>City ATTLEBORO FALLS</p> <p>State Massachusetts ZIP Code + 4 02763-1068</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>SEE ATTACHED</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount. \$15,681</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

LM-30 Attachment

Name:
LM-30 File Number:

Ending date of report period: 12/31/04

LM-30 Item
Number

- 11a Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

National Elevator Industry Educational Program
DOL Form LM-30/Form LM-10 Info
For the Calendar Year 2004

7/18/2005

Recipient of Benefit	Event	Event Dates	Place of Event	Date of AMEX Charge	Payee	Type of Benefit Provided	Value of Benefit Provided 2004
Middaugh, Todd A	Solid State Lab Workshop	10/18-10/20/2004	Warwick, RI	11/16/2004	Sheraton Hotel	Lodging & Meals	525.86
Middaugh, Todd A	Hydraulic Controller Lab Workshop	10/21-10/23/2004	Warwick, RI	11/16/2004	Sheraton Hotel	Lodging & Meals	415.21